



THE COMMONWEALTH OF MASSACHUSETTS
DIVISION OF OCCUPATIONAL SAFETY
EMPLOYMENT AGENCY PROGRAM

399 Washington Street, 5th Floor Boston, MA 02108
www.mass.gov/dos/ ■ (617) 727-3696
(617) 727-3452 EXT. 144 ■ (617) 727-0726 fax

APPLICATION FOR EMPLOYMENT AGENCY LICENSE AND SERVICE AGENCY REGISTRATION

The Employment Agency Program within the Massachusetts Division of Occupational Safety (DOS) licenses for-profit employment agencies and registers service agencies in accordance with M.G.L. c. 140, §§ 46A-46R. Depending upon the nature of your business and the manner in which you place, find, recruit, refer, or assign workers to jobs, employment, interviews, or assignments, your agency will either require a license or registration.

SECTION I

AGENCY NAME _____

PARENT OR AFFILIATE COMPANY NAME (if applicable) _____

STREET ADDRESS _____

CITY / TOWN _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER _____ FAX NUMBER _____

E-MAIL ADDRESS _____ WEBSITE _____

AGENCY IS LOCATED IN A : ☐ RESIDENCE ☐ COMMERCIAL BUILDING

AGENCY MAILING ADDRESS (if different) _____

SECTION II

1. THIS AGENCY IS A: ☐ SOLE PROPRIETORSHIP ☐ PARTNERSHIP, LP, OR LLP ☐ CORPORATION OR LLC

FEDERAL ID # _____

- If sole proprietorship, provide the following for the **Owner**;
- If partnership, LP, or LLP, provide the following for the **Partner (1 of 2)**;
- If corporation, provide the following for the **President**:

FIRST NAME	LAST NAME	TITLE
SOCIAL SECURITY NUMBER	HOME TELEPHONE NUMBER	FORMER BUSINESS OR OCCUPATION
HOME MAILING ADDRESS		

- If partnership, LP, or LLP, provide the following for the **Partner (2 of 2)**;
- If corporation or LLC, provide the following for the **Treasurer**:

FIRST NAME	LAST NAME	TITLE
SOCIAL SECURITY NUMBER	HOME TELEPHONE NUMBER	FORMER BUSINESS OR OCCUPATION
HOME MAILING ADDRESS		

2. All sole proprietorships, partnerships, LPs, LLPs, corporations, and LLCs:
Provide the following information for the **AGENCY MANAGER**:

FIRST NAME	LAST NAME	TITLE
SOCIAL SECURITY NUMBER	HOME TELEPHONE NUMBER	FORMER BUSINESS OR OCCUPATION
HOME MAILING ADDRESS		

3. All sole proprietorships, partnerships, LPs, LLPs, corporations, and LLCs:
List all types of placement occupations / jobs / engagements / services your agency will provide:

	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PERMANENT	<input type="checkbox"/> TEMPORARY
	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PERMANENT	<input type="checkbox"/> TEMPORARY
	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PERMANENT	<input type="checkbox"/> TEMPORARY
	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PERMANENT	<input type="checkbox"/> TEMPORARY

4. How many placement counselors will your agency utilize? ☐ 1-4 ☐ 5 or more

SECTION III

Please answer the following:

- Will your business accept applications and keep a list of persons seeking employment? ☐ YES ☐ NO
- Will your business send people on interviews or to assignments, jobs, or engagements that your business has arranged? ☐ YES ☐ NO
- Will your business keep a list of employers, persons, businesses, or clients seeking employees or workers for permanent or temporary employment, help, or engagement? ☐ YES ☐ NO
- Will your business place models, "brand ambassadors," or "promotional workers?" ☐ YES ☐ NO

➔ If the answer to question # 4 is YES, you must complete SECTION IV AND SECTION V of this application.
Your business must be licensed as an employment agency.

➔ If the answer to question # 4 is NO, please answer the following questions:

- Will your business charge fees of any kind to job applicants or workers, either directly or indirectly? ☐ YES ☐ NO

6. Will your business provide domestic employees, defined as workers who provide services in a person's home, including babysitters, nannies, elder care workers, or home companions? ☐ YES ☐ NO

➔ If the answer to BOTH of questions # 5 AND # 6 is NO, skip SECTION IV and go directly to SECTION V of this application. Your business must be registered as a service agency pursuant to M.G.L. c. 140, §§ 46A, 46B.

➔ If the answer to EITHER of questions # 5 and/or # 6 is YES, please answer the following questions:

7. Will the agency directly employ its workers, that means, the agency will pay them, assign them, provide workers' compensation insurance for them in accordance with M.G.L. c. 152, the Workers' Compensation Act, and exercise some level of supervision over them on an on-going basis? ☐ YES ☐ NO

8. Will the agency ONLY provide part-time (fewer than 35 hours per week) or temporary help (assignments lasting fewer than 10 weeks) to others?
(This means, none of your workers spend more than 35 hours per week or more than 10 weeks in duration working for only one client.) ☐ YES ☐ NO

➔ If the answer to BOTH of questions # 7 and # 8 is YES, skip SECTION IV and go directly to SECTION V of this application. Your business must be registered as a service agency pursuant to M.G.L. c. 140, §§ 46A and 46B.

➔ If the answer to EITHER of questions # 7 or # 8 is NO, please answer question # 9:

9. Will the agency solely provide to employers or prospective employers, by electronic means, biographical information, background, and experience of applicants for temporary employment, help, or engagement, and will not try to connect specific job applicants or workers to specific clients, persons, or businesses seeking workers? ☐ YES ☐ NO

If the answer to question #9 is YES, skip SECTION IV and go directly to SECTION V of this application. Your business must be registered as a service agency pursuant to M.G.L. c. 140, §§ 46A and 46B.

If the answer to question # 9 is NO, complete SECTION IV AND SECTION V of this application. Your business must be licensed as an employment agency pursuant to M.G.L. c. 140, § 46A.

SECTION IV

This section is to be completed by license applicants only. Registration applicants go directly to Section V.

1. Has any individual listed in SECTION II ever been convicted of any crime or offense other than a traffic infraction?
☐ NO ☐ YES (If yes, provide details below. Attach additional sheets if necessary.)

NAME OF PERSON	OFFENSE	DATE CONVICTED	CITY/TOWN	STATE	PENALTY
NAME OF PERSON	OFFENSE	DATE CONVICTED	CITY/TOWN	STATE	PENALTY

2. Has any individual listed in SECTION II ever had a license to conduct business be denied, canceled, suspended, revoked, or surrendered? ☐ NO ☐ YES (If yes, provide details below. Attach additional sheets if necessary.)

NAME OF PERSON WHOSE LICENSE WAS AFFECTED	DATE OF ACTION	NAME AND NATURE OF LICENSED BUSINESS
CITY / TOWN & STATE	NAME OF PUBLIC AGENCY THAT TOOK ACTION	
NAME OF PERSON WHOSE LICENSE WAS AFFECTED	DATE OF ACTION	NAME AND NATURE OF LICENSED BUSINESS
CITY / TOWN & STATE	NAME OF PUBLIC AGENCY THAT TOOK ACTION	

SECTION IV CONTINUED...

3. Will your business engage in the placement of domestic employees, meaning workers providing services in a home including babysitters, nannies, elder care workers, and/or home companions? ☐ YES ☐ NO

If **YES**, will the agency attempt to recruit persons from outside the Commonwealth of Massachusetts to perform the work listed above? ☐ YES ☐ NO

If **YES**, will the agency utilize person(s) (emigrant agents) to recruit workers? ☐ YES ☐ NO

If **YES**, provide the following information. Attach additional sheets if necessary.

NAME OF RECRUITER		LICENSE #	
STREET ADDRESS	CITY/TOWN	STATE	ZIP CODE

4. Attach the following required documents to your application for licensure, depending upon whether your agency is a sole proprietorship, partnership, LP, LLP, corporation, or LLC:

SOLE PROPRIETORSHIP	PARTNERSHIP, LP, OR LLP	CORPORATION OR LLC
<input type="checkbox"/> A surety bond filed in the penal sum of \$3,000 payable to, "the people of the Commonwealth," reflecting the address of the agency office on the bond certificate. (Contact your insurance agent or broker to obtain a surety bond; refer agent to M.G.L. ch.140 §46F for information.)	<input type="checkbox"/> A surety bond filed in the penal sum of \$3,000 payable to, "the people of the Commonwealth," reflecting the address of the agency office on the bond certificate. (Contact your insurance agent or broker to obtain a surety bond; refer agent to M.G.L. ch.140 §46F for information.)	<input type="checkbox"/> A surety bond filed in the penal sum of \$3,000 payable to, "the people of the Commonwealth," reflecting the address of the agency office on the bond certificate. (Contact your insurance agent or broker to obtain a surety bond; refer agent to M.G.L. ch.140 §46F for information.)
<input type="checkbox"/> Two (2) notarized affidavits from residents of the Commonwealth attesting to the owner's character. Form provided; make copies as needed.	<input type="checkbox"/> Two (2) notarized affidavits each from residents of the Commonwealth attesting to each partner's character. Form provided; make copies as needed.	<input type="checkbox"/> Two (2) notarized affidavits each from residents of the Commonwealth attesting to the president's and treasurer's character. Form provided; make copies as needed.
<input type="checkbox"/> A signed and dated CORI Request Form for the owner. Form provided.	<input type="checkbox"/> A signed and dated CORI Request Form for both partners. Form provided; make copies as needed.	<input type="checkbox"/> A signed and dated CORI Request Form for corporate president and corporate treasurer. Form provided; make copies as needed.
<input type="checkbox"/> A copy of the owner's and agency placement manager's most current resume.	<input type="checkbox"/> A copy of both partners' and agency placement manager's most current resume.	<input type="checkbox"/> A copy of the agency placement manager's most recent resume.
<input type="checkbox"/> A sample of every form, contract, agreement, time sheet, brochure, fee schedule, job application, and job description(s) to be used by the agency.	<input type="checkbox"/> A sample of every form, contract, agreement, time sheet, brochure, fee schedule, job application, and job description(s) to be used by the agency.	<input type="checkbox"/> A sample of every form, contract, agreement, time sheet, brochure, fee schedule, job application, and job description(s) to be used by the agency.

SECTION IV CONTINUED...



**THE COMMONWEALTH OF MASSACHUSETTS
DIVISION OF OCCUPATIONAL SAFETY
EMPLOYMENT AGENCY PROGRAM**

AFFIDAVIT OF CHARACTER

INSTRUCTIONS:

Application of License to Establish and Conduct an Employment Agency must be accompanied by two notarized affidavits of two reputable residents of the Commonwealth of Massachusetts, that applicant is a person of good moral character (M.G.L. c. 140, § 46C).

- If agency is a sole proprietorship, the owner must obtain two (2) character affidavits for him/herself;
- If agency is a partnership, LP, or LLP, each partner must obtain two (2) character affidavits;
- If agency is a corporation or LLC, the president AND treasurer must obtain two (2) affidavits each.

I, _____
PRINT NAME TELEPHONE NUMBER

being a resident of _____, MA
PRINT CITY OR TOWN

hereby certify that _____,
NAME OF LICENSE APPLICANT

of _____,
NAME OF CITY OR TOWN WHERE LICENSE APPLICANT RESIDES

**WHOSE APPLICATION FOR A LICENSE TO ESTABLISH AND CONDUCT AN EMPLOYMENT AGENCY
ACCOMPANIES THIS AFFIDAVIT, IS PERSONALLY KNOWN TO ME AND IS A PERSON OF GOOD
MORAL CHARACTER.**

My relationship to the applicant is: _____.

Signed, this _____ **day of** _____, **20**_____.

PRINT NAME

PRINT STREET ADDRESS

_____, MA _____
PRINT CITY/TOWN ZIP CODE

NOTARY PUBLIC:

Sworn to me this _____ day of _____, 20____

SIGNATURE Affix stamp or seal:

SECTION IV CONTINUED...**THE COMMONWEALTH OF MASSACHUSETTS
DIVISION OF OCCUPATIONAL SAFETY
EMPLOYMENT AGENCY PROGRAM****MDOOS
G****CORI REQUEST FORM**

Massachusetts Division of Occupational Safety (DOS) has been certified by the Criminal History Systems Board (CHSB) to access conviction and pending case CORI for the purpose of screening applicants for employment agency licensure. If agency is a sole proprietorship, the owner must complete this form; if agency is a partnership, both partners must complete this form, if agency is a corporation, the president and treasurer must complete this form. Make copies as needed.

As an applicant for an Employment Agency License from DOS, I understand that a criminal record check will be conducted on me, pursuant to the above, and that the results of the same will not necessarily disqualify me. The information below is correct to the best of my knowledge.

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

DATE OF BIRTH SOCIAL SECURITY NUMBER MOTHER'S MAIDEN NAME

HOME ADDRESS CITY/TOWN STATE ZIP CODE

FORMER ADDRESS

☐ MALE ☐ FEMALE HEIGHT: _____ FT. _____ IN. WEIGHT: _____ LBS.

EYE COLOR DRIVER'S LICENSE NUMBER AND STATE

APPLICANT SIGNATURE DATE

-----FOR DOS USE ONLY-----

THE ABOVE-INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT-ISSUED PHOTO IDENTIFICATION:

Requested by: _____
SIGNATURE OF CORI-AUTHORIZED EMPLOYEE DATE PRINT NAME

-----FOR CHSB USE ONLY-----

Record Attached: _____ No Record: _____

SECTION V

1. Registration and License Applicants must submit the following documents with this completed application. An application is not complete without the following attachments:

- ☐ A non-refundable check or money order payable to "The Commonwealth of Massachusetts" for the required \$300 annual application fee if the agency utilizes 1-4 placement counselors, or \$500 fee if agency utilizes 5 or more placement counselors.
- ☐ A notarized affidavit attesting to compliance with all state tax laws. **Form provided.**
- ☐ A signed and dated Affirmation of Compliance stating that the agency will post the Attorney General's Wage & Hour Laws in a conspicuous place within the agency. **Form Provided.** (The Wage and Hour Laws poster can be downloaded at: <http://www.ago.state.ma.us/filelibrary/minwageposter2004.pdf>. A copy can also be mailed to you by calling the Division of Occupational Safety's Employment Agency Program at (617) 727-3696.)
- ☐ A copy of the Certificate of Insurance for a valid workers' compensation policy. The certificate must have the policy number and effective dates. The certificate must clearly indicate that the agency name and address listed on the front page of this application form is covered by the policy. (If a sole proprietorship or partnership has no employees, provide a notarized letter signed by the owner(s) or both partners stating that the agency has no employees.)
- ☐ A copy of the front and back of owner's (for sole proprietorships), both partners' (for partnerships), or president's and treasurer's (for corporations) valid government-issued photo identification (driver's license, passport, resident alien card, etc.).
- ☐ For Sole Proprietorships and Partnerships only: A copy of the Business Certificate as filed in the City or Town Clerk's Office of the city or town where the agency will be located.
- ☐ For Corporations or LLCs only:
 - o **If agency is a corporation organized in MA and has been in existence for less than one (1) year**, provide a copy of the short form Certificate of Legal Existence, issued by the Secretary of the Commonwealth's Office.*
 - o **If agency is a corporation organized in MA in existence for more than (1) year**, provide a Certificate of Good Standing, issued by the Secretary of the Commonwealth's Office.*
 - o **If agency is a Foreign Corporation** (a corporation transacting business in the Commonwealth of MA and organized under laws of a different state), submit a copy of the Foreign Corporation Certificate and a Certificate of Good Standing.*

* Contact information for the Secretary of the Commonwealth's Office:
One Ashburton Pl., Boston, MA 02108-1512 Tel.: 1-800-392-6090; www.sec.state.ma.us/cor/coridx.htm

2. SIGNATURE(S) OF PERSON(S) SUBMITTING THIS APPLICATION

If agency is a sole proprietorship, the owner must sign
If agency is a partnership, LP, or LLP, both partners must sign
If agency is a corporation, or LLC, the President and Treasurer must sign

I declare the above facts and supplemental documentation are true and complete to the best of my knowledge and understand that any false answer(s) will be considered just cause for denial of application or revocation of a license or registration. I understand that DOS has the right of inspection of any registered or licensed agency at any time, and that information contained within this application can and will be verified using resources available to DOS. I understand that having a valid employment agency license or registration is a requirement of Massachusetts State Law. Signed under the pains and penalties of perjury.

SIGNATURE

PRINT NAME

PRINT TITLE

DATE

SIGNATURE

PRINT NAME

PRINT TITLE

DATE

Mail Completed Application and All Supporting Documentation to: Division of Occupational Safety,
Employment Agency Program, 399 Washington Street, 5th Floor, Boston, MA 02108



THE COMMONWEALTH OF MASSACHUSETTS
DIVISION OF OCCUPATIONAL SAFETY
EMPLOYMENT AGENCY PROGRAM

**AFFIDAVIT CERTIFYING COMPLIANCE RELATING
TO PAYMENT OF STATE TAXES**

INSTRUCTIONS:

- If agency is a sole proprietorship, the owner must attest
- If agency is a partnership, LP, or LLP, both partners must attest
- If agency is a corporation or LLC, the president or treasurer must attest
- This form must be notarized before submitting

I, _____, _____,
PRINT NAME PRINT TITLE

I, _____, _____,
PRINT NAME PRINT TITLE

of _____,
AGENCY NAME

AGENCY ADDRESS

do hereby certify that my agency has complied with all laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Signed under the pains and penalties of perjury,

this _____ day of _____, 20_____.

SIGNATURE TITLE

SIGNATURE TITLE

NOTARY PUBLIC:

Sworn to me this _____ day of _____, 20_____

SIGNATURE

Affix stamp or seal:



THE COMMONWEALTH OF MASSACHUSETTS
DIVISION OF OCCUPATIONAL SAFETY
EMPLOYMENT AGENCY PROGRAM

**AFFIRMATION OF COMPLIANCE
RELATING TO ATTORNEY GENERAL'S WAGE & HOUR LAWS POSTER**

INSTRUCTIONS:

- If agency is a sole proprietorship, the owner must affirm
- If agency is a partnership, LP, or LLP, both partners must affirm
- If agency is a corporation or LLC, the President or Treasurer must affirm

I, _____, _____,
PRINT NAME PRINT TITLE

I, _____, _____,
PRINT NAME PRINT TITLE

of _____,
NAME OF AGENCY

AGENCY ADDRESS

do hereby certify that our agency/firm will comply with the Division of Occupational Safety's requirement to post the Attorney General's Wage & Hour Laws Poster in a conspicuous place in my/our office. If I/we do not interview or otherwise interact with applicants, referrals, workers, or placements in an office setting, I certify that I will provide a copy of the poster to each such applicant, referral, worker, or placement.

SIGNATURE(S):

SIGNATURE TITLE DATE

SIGNATURE TITLE DATE

The Wage and Hour Laws poster can be downloaded at: <http://www.ago.state.ma.us/filelibrary/minwageposter2004.pdf>. A copy can also be mailed to you by calling the Division of Occupational Safety's Employment Agency Program at (617) 727-3696.

IMPORTANT INFORMATION FOR EMPLOYMENT AGENCY LICENSE APPLICANTS

- No agency may recruit, advertise or place workers until the Division of Occupational Safety (DOS) has issued said agency a license. (M.G.L. c. 140, § 46B)
- All licensed agencies must post DOS license in a conspicuous place within the agency. (M.G.L. ch.140, § 46B)
- No agency may change its location of operations without the prior written consent the commissioner of DOS and issuance of a license reflecting said location change. (M.G.L. c. 140, § 46E)
- The agency is subject to a site inspection before a hearing of application can be scheduled. Home offices are allowed, provided that the office area is not through or in a kitchen, dining room, or bedroom. Applicants will be contacted to schedule a site inspection. (M.G.L. c. 140, § 46D)
- A Hearing of Application must be conducted prior to the issuance of an Employment Agency license. The purpose of the hearing is to determine if the applicant has at least two years' experience as a placement employee or has engaged in personnel management or related activities that would establish the competence of such individual to operate placement activities for the agency. (M.G.L. c. 140, § 46D)
- If the agency has more than one location, each office must be licensed separately and there must be a separate surety bond for each office location, reflecting the address of that office.
- All licensed agencies must post a copy of the Employment Agency Law in a conspicuous place within their agency. (M.G.L. ch.140, § 46P)
- Pursuant to M.G.L. c. 152, § 25C(6) and M.G.L. c. 151A, § 19A (a), the Division of Occupational Safety must deny the issuance or renewal of a license if the applicant is not in compliance with workers' compensation and unemployment insurance laws.
- All licensed agencies must maintain a register of all job applicants, containing the date of each application for employment and the name and address of each applicant. Agencies are also required to maintain a separate file for each applicant for employment, containing a signed/completed job application, wage agreement, itemization of agency fees if applicable, professional or personal references, and for domestic placement, evidence that those references were checked by the agency. (M.G.L. c. 140, §§ 46H, 46I)
- All licensed agencies must also maintain a register of all clients containing the client's name and address, itemization of fee(s) paid to agency, a work order, and contract/billing agreement(s). (M.G.L. c. 140, § 46H)
- Agencies must keep complete and accurate written records of all receipts and income received or derived directly from the operation of his/her employment agency. Said records must be retained for a minimum of three (3) years. (M.G.L. c. 140, § 46H)
- An agency that employs or refers "home health aide(s), companion(s), or other community-based services to elderly persons or disabled persons in a home," or "personal care attendants" of any kind, is required to conduct criminal background checks in accordance with MA General Laws c. 6, §§ 167-178B. There is no substitution for this requirement. Inquiries regarding CORI access should be directed to the Criminal History Systems Board, CORI Unit, 200 Arlington Street, Suite 220, Chelsea, MA 02150, telephone (617) 660-4640.
- Agencies will be subject to an audit/inspection of premises and records no less than every six months beginning from the date of the issuance of the license. (M.G.L. c.140 § 46Q) and will be contacted in advance to schedule said visit. Unannounced audits/inspections may be conducted and are not limited to investigation of a complaint. The files of applicants for employment, client files, and any and all records of the agency are subject to inspection, in accordance with M.G.L. c. 111, § 197B; M.G.L. c. 140 § 46Q; M.G.L. c. 149, §§ 5, 6, 10, & 17, granting right of access to places of employment to determine compliance with various statutory provisions. "Information secured pursuant to sections 46A to 46Q shall be confidential and for the exclusive use and information of the commissioner in the discharge of his duties" (M.G.L. c. 140, § 46R). Interference with or obstruction of an authorized agent to inspect files may result in civil or criminal prosecution.
- Home care workers such as nannies, babysitters, companions, home health aides, personal care assistants who do not hold a professional license with any state agency shall be defined as "domestics," and agencies placing those caregivers shall be classified as "domestic agencies," as discussed in M.G.L. c. 140, §§ 46A-46R, and are required to hold an employment agency license from DOS, unless said agencies can prove, to the satisfaction of DOS, that they meet the statutory exceptions listed in M.G.L. c. 140, § 46A, in which case such agencies must be registered.
- Agencies placing theatrical talent (actors, dancers, bands, etc.) in addition to models must also obtain a theatrical booking license from the Department of Public Safety, One Ashburton Place, Room 1301, Boston, MA 02108, (617) 727-3200. (M.G.L. ch.140, §§ 180A-180G)